PROGRAM REVIEW

FOR

PARAMEDIC PROGRAMS

IN

VIRGINIA

PROGRAM NAME:

PROGRAM ADDRESS:

PROGRAM COORDINATOR:

E-mail ADDRESS:

CONTACT PHONE NUMBER:

PROGRAM=S MEDICAL DIRECTOR:

DATE OF REVIEW:

REVIEW PROGRAM FOR THE EMT-PARAMEDIC

RESOURCES

1. What % of a day will the program director allocate toward participating with the paramedic program before and during the begin and end dates of the course.

_____ Full time (primary job while the program is in progress, min. 40 hours/week)

(There should be at least one-full time position to fulfill the program director responsibilities)

2. Explain how the Program Director is qualified to fulfill the responsibilities of this position.

Job Description (The program director shall possess a Bachelor's degree from an accredited institution of higher education. Address education, field experience in the delivery of prehospital emergency care, certification as a Paramedic required.)

3. What evidence is there that the program director is responsible for:

Organization (Documentation of program's organization, lectures, syllabus, clinical activities)

Administration (Documentation of program's policies and procedures to include but not limited to: a)passing criteria; b)interim test, quizzes, practicals; c)record keeping of students progress; d)clinical agreements; e)field Internship agreements)

Periodic Review (How often, with whom, review criteria)

Continued Review (changes to program, proposed changes to the program, program evaluation criteria)

Effectiveness of the Educational Program
(program stats for test, quizzes,
practical results, nremtp results)

3. Indicate by what methods the program director actively solicits and requires the cooperative development of the medical director of the program including but not limited to student selection?

(Reviews curriculum prior to start of program. Monitors faculty presentations. Participates in instruction of

(Reviews curriculum prior to start of program. Monitors faculty presentations. Participates in instruction of program. Reviews instructor list. Reviews tests and quizzes for medical validity. Reviews evaluation criteria and stats. Reviews student applications and any course prerequisites.)

4. Indicate how the program director has the authority to administer all phases of the educational program, including didactic, laboratory, clinical, and field internship components?

(License, certifications, past experiences, knowledge of EMS, Knowledge of curriculum. Educational experience and degree.)

MEDICAL DIRECTION

1. Indicate the various methods with which the medical director reviews the educational content of the program curriculum? (Reviews or is familiar with curriculum content, Monitors faculty presentations. Participates in instruction of program. Reviews instructor list. Reviews tests and quizzes for medical validity. Reviews evaluation criteria and stats. Reviews program stats.)

2. How will the medical director review the quality of medical instruction?

(Periodically monitors lectures and practicals, reviews instructors for appropriate qualifications, oversees the entire program content)

3. How and when will the medical director review the supervision of students by the faculty?

(defined by program guidelines agreed to by Medical Director to include but not limited to didactic/clinical/internship)

4. How and when does the medical director review each student's performance? (identified by program policy when the Medical director will minimally review students progress, documents used for this and any interview the medical director will have with the student)

5. How will the medical director assure adequate progress toward completion of the program by each student?(Meets with the program director regularly to review students progress. Monitors preceptor's evaluations in clinical and internship settings.)

6. Indicate the methods the medical director utilizes to attest that each graduating student has achieved the desired level of competence prior to graduation?(Reviews each students progress through program by examining class records, preceptor's evaluations in clinical and internship settings, and meets with students periodically to discuss students progress. Documentation of review and comments to be included in student files))

7. How does the medical director actively participate in the local medical community? (Meets regularly with medical community. Participates in local regional medical control committees. Takes part in state Medical Direction Committee.)

8. To what extent is the medical director familiar with base station operations?(Currently works either full or part time at a facility which functions as a base station providing on line medical control.)

9. Has the medical director reviewed the DOT Paramedic Curriculum? (Has reviewed the layout of the curriculum and is familiar with the course guide and the general contents of the curriculum.)

10. Is the medical director knowledgeable about the state administrative guidelines regarding educational programs in Virginia to include: (The medical director has reviewed the portions of the following documents and assures the program meets the criteria each establishes.)

EMS Rules and Regulations

ALS Guidelines and Procedures

Virginia EMS Laws

Possession of and review the contents of the OMD Notebook provided by the Office of EMS.

FACULTY

1. What evidence is there that the program has assured that each instructor is qualified through academic preparation, training and experience to instruct students in assigned topics?(Program should be able to provide evidence (CV's) that each instructor is fully capable of instructing students in assigned topics. Appropriate expertise in the assigned topic

should be assessed prior to initial selection and ongoing expertise must be monitored.)

2. What evidence is there of appropriate evaluation of instructional faculty? (Confirmed by copies of students evaluations and documentation by program director and or medical director.)

FINANCIAL RESOURCES

1. What evidence is there that financial resources are assured for continued operation of the classes of students admitted? (Confirmed by the commitment of consistent resources, facilities, and materials for conducting educations and training given specific class size.)

FACILITIES

1. Do the classrooms appear to have adequate seating for the number of students in each class?

2. Do the laboratories appear to be adequate to support the curriculum requirements for the number of students assigned? (There is available adequate number of rooms and space for the practical skills to be practiced.)

- 3. Is sufficient equipment available for the provision of instruction for the lesson plans and number of students enrolled to include all age groups? (Is the equipment owned or borrowed. If borrowed, is there a written agreement for use of the equipment? Is there a sufficient quantity of equipment to allow half the class to practice with a ratio of 1 complete set per 6 students? A list of available equipment to the program should be included.)
- 4. Are there library facilities readily accessible to students? (Are the facilites used by students? Example: Are research papers assigned and reviewed)
- 5. Does the library include current EMT and medial periodicals, scientific books, audio-visuals, self-instructional resources, and other references?

CLINICAL RESOURCES

1. Is there a signed clinical affiliation agreement with each clinical affiliate associated with the program that are appropriate to the objectives of that rotation?(Are there signed agreements with each clinical affiliation indicating student needs which meet the programs requirements for each of the below listed areas.)

Emergency Department

Intensive Care

Operating Room

Coronary Care

Recovery Room

Labor and Delivery

Psychiatric Unit/Crisis Center

2. What evidence exists that the students will have access to adequate numbers of patients who present common problems in the delivery of advanced emergency care?(Documentation that the facility has the census, patient visits, and variety of cases that meet the curriculum needs.)

3. Will the students encounter patients of appropriate distributions by sex and age?(see 2 above Must provide evidence that students will have contact with neonates, infants, children, adults[young, middle aged, geriatric] of both sexes.)

4. Are the overall clinical resources adequate to support the number of students enrolled?(Documentation indicating the number of students allowed at any one time in each of the areas described in number 1 of this section.)

5. Are there clearly established learning objectives for each clinical assignment? (Documentation which is provided to each of the clinical affiliations describing what is expected of

each student as far as skills, and listing the learning objectives.)

6. Indicate how the learning in the clinical setting is efficient and effective in achieving the learning objectives of each clinical assignments? (Copy of the evaluation forms used for each student during clinicals which relate back to clinical objectives indicating satisfactory and unsatisfactory performance.)

7. Describe the evidence found to substantiate that adequate supervision is available in each clinical site to assure effective learning? (Documentation describing the arrangement with clinical preceptors/instructors. Documentation describing their formal orientation to the program and ratios of students to instructors.)

FIELD INTERNSHIP

1. What evidence is there of medical accountability within the EMS system in which the field internship of the program functions?(Students are functioning only with approved preceptors present who are authorized by the program's OMD. Run sheet reviews are conducted as well as evaluation forms by the programs OMD. Communication with on-line medical control by program OMD for additional evaluation.)

2. Are written affiliation agreements or memoranda of $\frac{6}{9}$

understanding with agencies that provide field/internship experience under appropriate medical direction and clinical supervision?

(Copies of agreements must be included with self study)

- 3. Are the students under the direct supervision of preceptors at all times? (Documented in program guidelines, field agreements, and program guidelines to students.)
- 4. Describe the program's methods utilized to designate preceptors?(Documentation reviewing the formal training received by the preceptors that has the approval of the OMD. Should include learning objectives, expectations, skills evaluation, and evaluation reports. How contact is made with programs coordinator and OMD.)
- 5. What relationship to the program do the preceptors have?

 (Documentation on how the preceptors are formally recognized by the paramedic program.)
- 6. What evidence is there that assures the students receive objective evaluations?(Documentation which describes conflicts of interest, and periodical interviews with preceptors and students during the field internship with involvement of the medical director and/or programs internship coordinator.)

7. What evidence is there that assures students progress is appropriate and progressive? (Documentation indicating how often internship reviews are held with program coordinators, medical director and preceptors using evaluations and comments.)

- 8. Do the field internship experiences occur on intensive care vehicles? (Documentation that verifies all internship rotations must be on ALS vehicles delivering ALS level of care at the level for which the program is geared.)
- 9. Does the field internship occur in an EMS system that has the capabilities of voice telecommunications with on-line medical direction?
- 10. Is the EMS system in which the field internship occurs supplied with equipment and drugs necessary for advanced life support?
- 11. How is the field internship component integrated with the overall curriculum of the program? (Documentation showing how the field internship is weighted when evaluating satisfactory performance for the overall program.)

12. Is there evidence that a student is never a substitute for paid or regular personnel or a required team member within the EMS system during the field internship component of the program? (Documentation showing that the agreement with agencies conducting field internships understand that students are not substitutes for staffing the EMS organization. Furthermore, students are provided documentation stating this and what they should do if ever placed in this situation.)

- 13. What methods are utilized to assure that there is medical accountability throughout the field internship component of the program? (Documentation describing and or showing ongoing review of student's field internship activities based upon program objectives and local protocol.)
- 14. What evidence exists that there is adequate opportunity for each student to attain the required competencies? (Documentation demonstrating the ability of students to perform patient intervention activities and evidence that the system participating in the field internship program has adequate call volume and acuity to permit students to apply intervention skills being taught.)

STUDENTS

- 1. Is there evidence that the program has published admissions and course administration policies and procedures? (A copy of which is provided to each student. Should include but not limited to prerequisites for the program, student expectations, class/course rules, policies for all student activities such as clinicals and internships.)
- 2. Are evaluations conducted frequently enough to assure that both students and program faculty have evidence of student progress? (Documentation demonstrating the frequency and evaluation tools used to measure progress.)
- 3. Do students have ample time to correct identified 6/9/03

deficiencies? (Documentation providing policies for the appropriate management of deficiencies.)

- 4. Are evaluation instruments related to behavioral objectives stated in the curriculum? (Evaluation instruments include reference to the behavioral objectives.)
- 5. What evidence is there that frequent review of the effectiveness of student evaluation will occur? (Documentation which defines the frequency which a student's performance is reviewed and by whom.)
- 6. Does the program require records of each student's health status? (i.e. immunizations, TB, etc.)
- 7. Is there evidence that students have information about access to health care services of the institution? (Documentation which defines how student health care during the program is handled.)

8. Will students received accurate information regarding the program's:

Requirements

Fees

Expectations

Grievance Process

9.	Is a descriptive synopsis of the current curriculum available
	to students and applicants of the program? (Documentation to
	minimally include program description, length of program, list
	of primary text book and resource materials, program syllabus
	including scheduled class times, dates, subject to be taught,
	faculty.)

- 10. Are objectives for the program available for the students? (Copy of the program objectives which at a minimum satisfy the DOT curriculum.)
- 11. What evidence is there that the following meet the minimum standards for:

current and updated teaching plans?

current and updated course objectives?

12. Are there on file appropriate records addressing:

clinical and field internship experience schedules?

class and laboratory schedules?

copies of course outlines?

13.	Is there evidence that written recruitment and admission policies are non-discriminatory with respect to race, color, creed, sex, age, disabling conditions, handicaps, and national origin?		
14.	Are faculty selection processes non-discriminatory with respect to race, color, creed, sex, age, disabling conditions, handicaps, and national origin?		
15.	Is there a grievance policy in place for student grievances?		
16.	Are there records of student admission, student attendance, academic counseling and evaluation?		
17.	Are grades and credits for courses completed, recorded, and permanently maintained by the sponsoring institution?		
18.	In student records, was there evidence of:		
	high school graduation		
	or		
	GED		
19.	How is evidence of completion of all didactic and field internship requirements for each student, including attendance and listings of competencies attained?		
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- 20. Are there copies of examinations and assessments throughout the curriculum and training program on file?
- 21. Is there evidence that each student is provided with information about his/her progress in the curriculum?

PROGRAM EVALUATION

- 1. Is there a plan for the program to periodically assess its effectiveness in achieving goals and objectives? (Policy describing the frequency and manner by which the program's effectiveness in achieving goals and objectives are monitored.)
- 2. Does the program survey the various communities of interest to determine effectiveness and how is that information utilized? (Program evaluation methods should emphasize gathering and analyzing data on the effectiveness of the program in developing competencies consistent with the stated program goals and objectives)

CURRICULUM

- 1. Is there evidence that the goals and objectives of the program are understood and known by representatives of the medical community. (Documentation describing how the medical community is notified and participate in the program.)
- 2. Is there evidence that the program goals and objectives are known and understood by students in the program?

SUMMARY (For Office of EMS reviewers use only.)

1. Limitations associated with the program.

2. Strengths associated with the program.

3) Corrective action needed.

Office of EMS use only.

Recommendation: Yes Site Visitor	No	Date
Recommendation: Yes State Medical Director Date		